

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Dakshi AGRAWAL et al. Examiner: GOODCHILD, William J.
Serial No.: 10/713,306 Group Art Unit: 2145
Filed: November 14, 2003 Date: October 9, 2007
For: **METHOD AND APPARATUS TO ESTIMATE CLIENT PERCEIVED
RESPONSE TIME**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	13	20	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	4	3	0	x105 =	\$0	x210 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				185		370	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge Deposit Account No. 50-4053 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-4053. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-4053 therefor. A DUPLICATE OF THIS SHEET IS ENCLOSED.

Respectfully submitted,



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